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Medicare: Participating providers and suppliers of health services, 1983

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Overview

This *Note* presents 1983 data on the number of providers and suppliers of services certified to participate in the Medicare program.¹ Figures are shown separately for hospitals, skilled nursing facilities, home health agencies, independent laboratories, outpatient physical therapy, portable X-ray services, and rural health clinics.

The accompanying tables show: the trends in the number of providers and suppliers of services participating in the Medicare program between July 1976 and December 1983 (Table 1); the distribution of short-stay hospitals (Table 2); and skilled nursing facilities (Table 3); the number of beds and type of control, December 1983; and the distribution and rates per 1,000 health insurance beneficiaries of short-stay hospital and skilled nursing facility beds by U.S. Census division, December 1983 (Table 4); the number and geographic distribution of participating hospitals (Table 5); and the number of geographic distribution of participating skilled nursing facilities, home health agencies, and other suppliers of services (Table 6).

Highlights

Table 1:

- Between July 1976 and December 1983, the number of participating short-stay hospitals decreased from 6,112 to 6,048, a difference of 64. However, the number of certified beds increased by 11 percent from 922,601, to 1,021,086 raising the average number of beds in participating short-stay hospitals from 151 to 169.

NOTE: The statistical files are developed and maintained by the Office of Statistics and Data Management, Bureau of Data Management and Strategy. Programming services for table production were provided by Vikki Latta, Elvira Fussell, and Betty Gunn.

- Although the number of certified psychiatric hospitals increased from 401 in 1976 to 430 in 1983 (7 percent), the number of beds dropped by about 49 percent, from 188,288 to 96,870. The average number of beds per psychiatric hospital thus decreased from 470 to 225. This decrease probably reflects the shift in the place of treatment of psychiatric illness from large State hospitals to smaller community-based facilities.
- The number of certified other long-stay hospitals decreased 28 percent from 289 in 1976 to 209 in 1983.²
- The number of participating skilled nursing facilities (SNF's) and beds increased substantially between July 1976 and December 1983. The number of SNF's increased from 3,928 to 5,760 (47 percent) while the number of beds increased from 309,790 to 519,551 (68 percent). As a result, the average number of beds per SNF increased from 79 to 90.
- Factors accounting for some of the increase in the number of SNF's, especially for the sharp increase from 4,002 facilities in 1977 to 4,749 facilities in 1978, were: certain States mandated that facilities must participate in the Medicare as well as the Medicaid program and, the Medicare-Medicaid Anti-Fraud and Abuse Amendments (Public Law 95-142) passed in 1977 provided 90 percent Federal funding to States for antifraud and abuse programs. Among the activities instituted in response to these amendments was the assurance of compliance with conditions of participation by Medicaid certified intermediate care facilities (ICF's). Activities and investments made to assure compliance may have provided incentives to upgrade ICF facilities further to participate in the Medicare program as SNF's.
- The number of home health agencies (HHA's) increased from 2,361 in 1976 to 4,235 in 1983 (79 percent).
- The passage in 1975 of the Health Revenue Sharing and Health Services Act (Public Law 94-63), which appropriated \$3 million for grants to "demonstrate the development and expansion of home health services," probably contributed to this increase.

¹For statutory definition of providers and suppliers of services and the detailed conditions for participating under Medicare, see Code of Federal Regulations Title 42, Part 405, Subchapter B, Chapter IV, Health Care Financing Administration.

²For the purpose of this report, other long-stay hospitals include general long-term, specialty long-term, and Christian Science sanitoriums.

Table 1

**Number of facilities and beds participating in the Medicare health insurance program and percent change, by type of facility:
United States, 1976-83**

Type of facility	1976	1977	1978	1979	1980	1981	1982	1983	Percent change 1976-83
					Number of facilities				
Hospitals	6,802	6,806	6,797	6,801	6,777	6,736	6,742	6,687	- 1.7
Short-stay	6,112	6,131	6,130	6,128	6,104	6,065	6,070	6,048	- 1.0
Psychiatric	401	400	400	411	408	412	419	430	7.2
Other long-stay	289	275	267	262	265	259	253	209	-27.3
Skilled nursing facilities	3,928	4,002	4,749	4,963	5,052	5,258	5,408	5,760	46.6
Home health agencies	2,361	2,420	2,605	2,788	2,924	3,110	3,415	4,235	79.4
Independent laboratories	3,194	3,221	3,281	3,373	3,447	3,484	3,581	3,708	16.1
					Number of beds				
Hospitals	1,149,122	1,160,863	1,142,248	1,147,498	1,149,997	1,147,324	1,150,479	1,143,544	- 0.5
Short-stay	922,601	953,067	965,323	985,070	990,621	997,020	1,012,490	1,021,086	10.7
Psychiatric	188,288	172,949	145,376	133,106	131,276	123,527	112,168	96,870	-48.6
Other long-stay	38,233	34,847	31,549	29,322	28,100	26,777	25,821	25,588	-33.1
Skilled nursing facilities	309,790	349,650	418,246	419,835	436,007	457,692	488,495	519,551	67.7

- In addition, the Omnibus Reconciliation Act of 1980 (Public Law 96-499) contained several Medicare benefit improvement provisions which probably contributed to the substantial increase in the number of HHA's participating in the Medicare program. These provisions included the following: provided for the coverage of an unlimited number of HHA visits under Medicare, eliminated the 3-day prior hospitalization requirement for HHA services under Part A, eliminated the deductible for HHA services under Part B, and permitted proprietary HHA's to participate under Medicare in States not having licensure laws.
- The number of independent clinical laboratories increased from 3,194 in 1976 to 3,708 in 1983 (16 percent).

Table 2:

- Of the 6,048 short-stay hospitals participating in 1983, 56 percent (3,359) were voluntary nonprofit institutions. Almost one-third of the hospitals (1,922) were government-operated (mostly by State and local governments) and the remaining 13 percent (767) were proprietary.
- The average number of beds in all participating short-stay hospitals was 169. Voluntary hospitals had the largest mean number of beds (209), 65 percent greater than that for proprietary hospitals (127), and 82 percent greater than that for government hospitals (115).
- Nearly 50 percent (2,959) of all short-stay hospitals had less than 100 beds; most of these were located in rural areas.
- Only 356 short-stay hospitals (6 percent of all certified short-stay hospitals) had 500 or more beds; only three of these were privately owned. Nearly four-fifths (279) of all participating short-stay hospitals with 500 beds or more were operated by voluntary nonprofit organizations.

Table 3:

- In contrast to short-stay hospitals, nearly 70 percent (4,001) of the participating SNF's were privately owned. An additional 22 percent (1,294) were operated by voluntary nonprofit organizations, and the remainder (465) were government facilities.
- The mean number of beds per participating SNF was 90. The mean bed size by type of control ranged from 86 for voluntary nonprofit SNF's to 109 for government facilities.
- Approximately 29 percent (1,665) of all SNF's had less than 50 beds while 57 percent (3,300) had between 50 and 149 beds; only about 14 percent (795) had 150 or more beds.

Table 4:

- Among the nine census divisions, there were wide variations in the rate of short-stay hospital beds and SNF beds per 1,000 Medicare HI enrollees.
- The rate of short-stay hospital beds per 1,000 HI enrollees (aged and disabled) ranged from a low of 30.7 in

New England (16 percent below the national rate) to a high of 41.6 in the West South Central division (17 percent above the national rate).

- The rate of SNF beds per 1,000 HI enrollees ranged from a low of 1.8 in the West South Central division (only 10 percent of the national rate) to a high of 27.7 in the Pacific division (52 percent above the national rate).
- The West South Central division had, by far, the highest ratio of short-stay hospital beds to SNF beds (23.1 to 1). In contrast the national ratio of short-stay hospital beds to SNF beds was 2.0 to 1.

Table 5:

- Substantial differences occurred by State in the distribution of short-stay hospitals, psychiatric hospitals, and other long-stay hospitals.
- Of the 6,048 short-stay hospitals certified to participate in the Medicare program, nearly two-fifths (2,379) were located in 8 States; 502 were in California, 487 in Texas, 280 in New York, 244 in Illinois, 235 in Pennsylvania, 224 in Florida, 207 in Michigan, and 200 in Ohio. Conversely, four States—Delaware, Rhode Island, Vermont, and Hawaii—and the District of Columbia had less than 20 participating short-stay hospitals.
- Approximately one-fourth (107) of the 430 psychiatric hospitals participating in the Medicare program were located in 3 States; 39 were in California, 37 in New York, and 31 in Pennsylvania. On the other hand, 15 States had only 1 or 2 psychiatric hospitals approved by Medicare; Montana had no participating psychiatric hospitals.
- About one-third (70) of the 209 other long-stay hospitals (non-psychiatric) participating in the Medicare program were located in 4 States (all in the Northeast region); 28 were in Massachusetts, and 14 in New Jersey, New York, and Pennsylvania, respectively. Twelve States had no long-stay hospitals participating in the program.

Table 6:

- Substantial differences occurred by State in the distribution of home health agencies, independent laboratories, providers of outpatient physical therapy, speech pathology services, suppliers of portable X-ray services, and rural health clinics.
- Among the 50 States, 19 had more than 100 HHA's certified under Medicare. Conversely, 8 States and the District of Columbia had 15 or fewer agencies approved by Medicare.
- Of the 3,708 independent laboratories certified by Medicare, 22 percent (832) of them were located in California; Texas and New York followed with 216 and 206, respectively.
- Of the 702 providers of service certified for reimbursement for outpatient physical therapy and/or speech pathology, 36 percent were located in 5 States; 94 were in Florida, 41 in California, 40 in Michigan, and 39 in

Pennsylvania and Illinois, respectively. Conversely, nearly three-fifths (28) of the States and the District of Columbia had 10 or fewer of these providers of service.

- Almost one-fourth (63) of the 266 suppliers of portable X-ray services certified for reimbursement under Medicare were located in California.

- The 423 rural health clinics participating in the Medicare program were located in 32 of the 50 States. Clinics in 5 States—North Carolina (46), California (43), Georgia (30), Tennessee (28), and Pennsylvania (26)—accounted for two-fifths of all these providers of service.

Table 2
Number and percent distribution of short-stay hospitals, by type of ownership and number of beds:
United States, 1983

Number of beds	All short-stay hospitals		Voluntary		Proprietary		Government	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	6,048	100.0	3,359	100.0	767	100.0	1,922	100.0
Less than 100 beds	2,959	48.9	1,214	36.1	369	48.1	1,376	71.6
100-199 beds	1,290	21.3	787	23.4	245	31.9	258	13.4
200-299 beds	745	12.3	524	15.6	108	14.1	113	5.9
300-399 beds	426	7.0	336	10.0	28	3.7	62	3.2
400-499 beds	272	4.5	219	6.5	14	1.8	39	2.0
500 beds or more	356	5.9	279	8.3	3	.4	74	3.9
Mean number of beds	169	—	209	—	127	—	115	—

Table 3
Number and percent distribution of skilled nursing facilities, by type of ownership and number of beds:
United States, 1983

Number of beds	All skilled nursing facilities		Voluntary		Proprietary		Government	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total	5,760	100.0	1,294	100.0	4,001	100.0	465	100.0
Less than 25 beds	574	10.0	150	11.6	363	9.1	61	13.1
25-49 beds	1,091	18.9	307	23.7	667	16.7	117	25.2
50-99 beds	2,082	36.1	455	35.2	1,495	37.4	132	28.4
100-149 beds	1,218	21.1	200	15.5	960	24.0	58	12.5
150-199 beds	426	7.4	86	6.6	306	7.6	34	7.3
200 beds or more	369	6.4	96	7.4	210	5.2	63	13.5
Mean number of beds	90	—	86	—	90	—	109	—

Table 4
Rate of short-stay hospital (SSH) and skilled nursing facility (SNF) beds to
Medicare health insurance (HI) population, by Census division:
United States, 1983¹

Census division	SSH beds per 1,000 HI enrollees		SNF beds per 1,000 HI enrollees		Ratio of SSH beds to SNF beds
	Rate	Ratio ²	Rate	Ratio ³	
United States	35.5	1.00	18.2	1.00	2.0
New England	30.7	.86	20.4	1.12	1.5
Mid-Atlantic	32.0	.90	27.5	1.51	1.2
East North Central	38.4	1.08	21.4	1.18	1.8
West North Central	39.5	1.11	16.4	.90	2.4
South Atlantic	34.5	.97	13.4	.74	2.6
East South Central	39.8	1.12	9.1	.50	4.4
West South Central	41.6	1.17	1.8	.10	23.1
Mountain	34.1	.96	20.4	1.12	1.7
Pacific	31.4	.88	27.7	1.52	1.1

¹ Based on HI enrollment as of July 1, 1982.

² Ratio of SSH beds per 1,000 HI enrollees in Census division to the rate for the United States.

³ Ratio of SNF beds per 1,000 HI enrollees in Census division to the rate for the United States.

Table 5
Number of participating Medicare hospitals and beds,
by type of hospital, region, division, and State:
United States and outlying areas, 1983

Region, division, and State	Total		Short-stay		Psychiatric		Other long-stay	
	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds
All areas	6,687	1,143,544	6,048	1,021,086	430	96,870	209	25,588
United States	6,628	1,133,113	5,991	1,011,033	429	96,525	208	25,555
Northeast	1,060	271,168	874	212,797	107	43,599	79	14,772
North Central	1,916	308,834	1,761	288,616	103	16,200	52	4,018
South	2,417	384,705	2,217	354,587	150	25,943	50	4,175
West	1,235	168,406	1,139	155,033	69	10,783	27	2,590
New England	327	67,802	262	51,593	28	6,049	37	10,160
Connecticut	53	15,539	37	11,281	9	3,317	7	941
Maine	47	4,881	46	4,498	1	383	—	—
Massachusetts	159	36,340	121	27,024	10	1,328	28	7,988
New Hampshire	31	3,607	28	3,258	3	349	—	—
Rhode Island	19	5,146	14	3,470	3	445	2	1,231
Vermont	18	2,289	16	2,062	2	227	—	—
Middle Atlantic	733	203,366	612	161,204	79	37,550	42	4,621
New Jersey	122	35,588	97	29,893	11	4,570	14	1,125
New York	331	103,173	280	75,863	37	24,962	14	2,348
Pennsylvania	280	64,605	235	55,448	31	8,018	14	1,139
East North Central	1,014	204,487	921	193,827	70	8,510	23	2,150
Illinois	264	59,840	244	57,193	14	2,014	6	633
Indiana	137	25,141	121	24,475	12	567	4	99
Michigan	221	40,431	207	38,710	9	1,158	5	563
Ohio	222	55,088	200	51,210	16	3,137	6	741
Wisconsin	170	23,987	149	22,239	19	1,634	2	114
West North Central	902	104,347	840	94,789	33	7,690	29	1,868
Iowa	139	16,552	130	15,239	4	1,179	5	134
Kansas	157	15,088	148	13,390	7	1,624	2	74
Minnesota	189	22,683	179	20,596	6	1,954	4	133
Missouri	177	31,465	162	29,543	10	1,396	5	526
Nebraska	114	9,433	104	8,277	4	791	6	365
North Dakota	57	4,935	54	3,948	1	710	2	277
South Dakota	69	4,191	63	3,796	1	36	5	359

Table 5—Continued
Number of participating Medicare hospitals and beds,
by type of hospital, region, division, and State:
United States and outlying areas, 1983

Region, division, and State	Total		Short-stay		Psychiatric		Other long-stay	
	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds	Hospitals	Beds
South Atlantic	961	187,011	848	168,426	84	15,901	29	2,684
Delaware	10	2,190	7	1,985	2	145	1	60
District of Columbia	14	5,541	12	4,822	2	719	—	—
Florida	246	54,211	224	52,390	19	1,599	3	222
Georgia	185	27,482	168	25,175	14	2,136	3	171
Maryland	76	20,116	57	15,844	11	3,552	8	720
North Carolina	154	27,707	134	23,385	13	3,797	7	525
South Carolina	83	15,062	75	12,370	7	2,526	1	166
Virginia	125	24,638	105	22,487	14	1,331	6	820
West Virginia	68	10,064	66	9,968	2	96	—	—
East South Central	538	78,445	506	74,715	25	3,219	7	511
Alabama	138	20,966	131	20,221	5	483	2	262
Kentucky	117	17,537	106	15,767	9	1,606	2	164
Mississippi	121	13,358	119	13,242	1	56	1	60
Tennessee	162	26,584	150	25,485	10	1,074	2	25
West South Central	918	119,249	863	111,446	41	6,823	14	980
Arkansas	101	11,861	99	11,339	2	522	—	—
Louisiana	157	23,468	144	20,959	9	2,322	4	187
Oklahoma	142	16,723	133	14,845	8	1,696	1	182
Texas	518	67,197	487	64,303	22	2,283	9	611
Mountain	439	45,582	406	41,568	19	3,311	14	703
Arizona	73	10,972	66	10,024	4	854	3	94
Colorado	95	13,233	83	11,151	7	1,624	5	458
Idaho	50	3,074	48	2,971	2	103	—	—
Montana	65	3,513	64	3,483	—	—	1	30
Nevada	31	3,656	28	3,419	3	237	—	—
New Mexico	53	4,602	50	4,472	1	92	2	38
Utah	43	4,733	39	4,312	1	338	3	83
Wyoming	29	1,799	28	1,736	1	63	—	—
Pacific	796	122,824	733	113,465	50	7,472	13	1,887
Alaska	25	1,489	24	1,301	1	188	—	—
California	550	93,190	502	87,367	39	4,106	9	1,717
Hawaii	24	2,733	19	2,374	1	189	4	170
Oregon	81	11,054	77	9,526	4	1,528	—	—
Washington	116	14,358	111	12,897	5	1,461	—	—
Other outlying areas	59	10,431	57	10,053	1	345	1	33
Puerto Rico	55	9,636	53	9,258	1	345	1	33
Virgin Islands	2	500	2	500	—	—	—	—
Other	2	295	2	295	—	—	—	—

Table 6

**Number of participating Medicare skilled nursing facilities and beds, home health agencies, outpatient physical therapy and/or speech pathology, independent laboratories, portable X-ray services, and rural health clinics:
United States and outlying areas, 1983**

Region, division, and State	Skilled nursing facilities		Home health agencies	Outpatient physical therapy/ speech pathology	Independent laboratories	Portable X-ray	Rural health clinics
	Number	Beds					
All areas	5,760	519,551	4,235	702	3,708	266	423
United States	5,754	519,376	4,190	701	3,651	266	423
Northeast	1,515	162,021	675	104	789	66	80
North Central	1,505	133,028	1,197	186	717	59	41
South	1,284	102,092	1,726	301	958	54	171
West	1,452	122,235	592	110	1,187	87	131
New England	401	28,531	323	26	273	20	36
Connecticut	172	18,975	109	13	79	8	—
Maine	15	338	13	3	5	—	22
Massachusetts	112	6,157	131	7	140	6	1
New Hampshire	23	555	37	1	11	1	2
Rhode Island	63	1,919	13	1	36	5	3
Vermont	16	587	20	1	2	—	8
Middle Atlantic	1,114	133,490	352	78	516	46	44
New Jersey	138	18,899	51	20	113	9	—
New York	539	72,074	131	19	206	23	18
Pennsylvania	437	42,517	170	39	197	14	26
East North Central	1,182	103,442	659	122	511	44	17
Illinois	252	12,265	176	39	174	8	—
Indiana	148	8,078	66	13	47	3	—
Michigan	286	32,047	122	40	154	10	—
Ohio	400	36,786	186	22	110	15	14
Wisconsin	96	14,266	109	8	26	8	3
West North Central	322	29,586	538	64	206	15	24
Iowa	20	532	117	14	21	1	6
Kansas	26	1,637	100	15	35	3	1
Minnesota	102	10,158	125	15	28	5	—
Missouri	95	9,865	139	14	92	5	—
Nebraska	15	1,458	28	4	12	1	—
North Dakota	57	5,256	21	2	12	—	—
South Dakota	7	680	8	—	6	—	17
South Atlantic	852	74,209	541	193	425	31	117
Delaware	18	1,184	13	4	11	—	—
District of Columbia	6	457	7	—	13	—	—
Florida	258	29,055	141	94	159	16	14
Georgia	88	9,499	69	27	65	1	30
Maryland	109	11,229	68	20	78	5	3
North Carolina	167	9,511	99	8	26	5	46
South Carolina	101	7,522	35	23	17	1	1
Virginia	63	2,092	78	15	33	2	—
West Virginia	42	3,660	31	2	23	1	23
East South Central	357	22,842	504	35	180	4	54
Alabama	190	14,797	105	8	56	1	9
Kentucky	89	3,830	53	8	55	1	8
Mississippi	6	475	134	3	20	—	9
Tennessee	72	3,740	212	16	49	2	28
West South Central	75	5,041	681	73	353	19	—
Arkansas	11	389	150	12	29	—	—
Louisiana	12	1,902	90	17	59	6	—
Oklahoma	9	305	103	9	49	2	—
Texas	43	2,445	338	35	216	11	—

Table 6—Continued

**Number of participating Medicare skilled nursing facilities and beds, home health agencies, outpatient physical therapy and/or speech pathology, independent laboratories, portable X-ray services, and rural health clinics:
United States and outlying areas, 1983**

Region, division, and State	Skilled nursing facilities		Home health agencies	Outpatient physical therapy/ speech pathology	Independent laboratories	Portable X-ray	Rural health clinics
	Number	Beds					
Mountain	286	22,858	243	48	195	11	61
Arizona	26	1,164	31	5	52	2	8
Colorado	68	8,037	87	27	48	3	8
Idaho	56	3,733	17	4	12	1	8
Montana	62	4,112	21	2	10	—	—
Nevada	24	2,036	12	1	19	2	5
New Mexico	11	327	37	7	26	1	24
Utah	37	3,245	15	1	18	2	7
Wyoming	2	204	23	1	10	—	1
Pacific	1,166	99,377	349	62	992	76	70
Alaska	4	36	2	5	5	1	6
California	976	91,470	246	41	832	63	43
Hawaii	25	1,714	9	2	33	1	—
Oregon	53	1,727	52	5	46	3	7
Washington	108	4,430	40	9	76	8	14
Other outlying areas	5	175	45	1	57	—	—
Puerto Rico	4	139	43	1	54	—	—
Virgin Islands	—	—	1	—	—	—	—
Other	1	36	1	—	3	—	—

Technical notes

Sources of data

Data for this report were obtained from applications to participate in the Medicare program submitted by providers and suppliers of services, and from certification forms completed by State agencies and regional offices. The data reported reflects information from these forms recorded in the master records maintained by the Health Care Financing Administration.

Definition of terms

Hospital—An institution engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and therapeutic services for medical treatment of injured, disabled, or sick persons.

Short-stay hospital—A hospital where the average length-of-stay is less than 30 days.

Long-stay hospital—A hospital where the average length-of-stay is 30 days or more.

Psychiatric hospital—An institution primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mental illness.

Skilled nursing facility—An institution primarily engaged in providing to inpatients skilled nursing care and related services for patients who require medical or rehabilitation services.

Beds—The number of certified Medicare beds regularly available (those set up and staffed for use).

Home health agency—An agency primarily engaged in providing intermittent skilled nursing and other therapeutic services to patients in their own place of residence.

Independent laboratory—A laboratory performing diagnostic tests independent of a physician's office or a hospital that participates in the Medicare program.

Outpatient physical therapy and/or speech pathology—Such services furnished by a provider of services, a clinic, a rehabilitation agency, or a public health agency to a beneficiary as an outpatient.

Portable X-ray—An individual, partnership, or organization which takes radiographs with portable equipment, usually in the patient's place of residence, under the general supervision of a physician.

Rural health clinic—A facility established to provide the primary care services furnished by specially trained nonphysician practitioners to patients residing in areas which are recognized as being devoid of personal health services or primary medical care manpower.



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